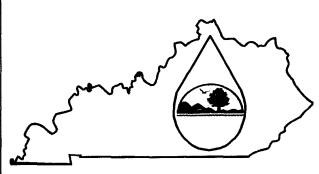
KPDES FORM 1



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2003 JUL -7 P 1: 00

PERMIT APPLICATION

<u>~</u>		RECEIVED BY KPDES BRANCH						
This is an application to: (check	one)	A complete applic	ation consists of this form and one of the					
Apply for a new permit.	,	following:						
Apply for reissuance of ex	piring permit.	Form A, Form B, Form C, Form F, or Short Form C						
Apply for a construction po								
Modify an existing permit.		For additional information contact:						
Give reason for modificati		KPDES Branch (502) 564-3410						
I. FACILITY LOCATION AN	D CONTACT INFORMATION	AGENCY USE						
A. Name of business, municipality, comp Hopkinsville Water Environment Author								
B. Facility Name and Location		C. Facility Own	er/Mailing Address					
Facility Location Name:		Owner Name:						
Hammond Wood Wastewater Treatment	Diant	Honkinsville Water	Environment Authority					
Facility Location Address (i.e. street, roa		Mailing Street:	Environment Additionty					
Gary Lane		P.O. Box 628						
Facility Location City, State, Zip Code:		Mailing City, State,	Zip Code:					
Hopkinsville, Kentucky 42240		Hopkinsville, Kentu	cky 42240					
······································		Telephone Number: (270) 887-4240						
A. Provide a brief description of	f activities, products, etc: Wastewa	iter Treatment for the	he City of Hopkinsville					
B. Standard Industrial Classificat	tion (SIC) Code and Description							
Principal SIC Code &								
Description:	4952 - Non Process Industry							
Other SIC Codes:								
III. FACILITY LOCATION								
A. Attach a U.S. Geological Surv	vey 7 ½ minute quadrangle map for							
B. County where facility is locate	ed:	City where facility is located (if applicable): Hopkinsville						
C. Body of water receiving discharge:								
North Fork of the Little River								
D. Facility Site Latitude (degrees, minutes, seconds): 36d 48' 14" Facility Site Longitude (degrees, minutes, seconds): 87d 30' 54"								
E. Method used to obtain latitude	E. Method used to obtain latitude & longitude (see instructions): Location Censor using Microsoft Streets 2002							
F. Facility Dun and Bradstreet N	umber (DUNS #) (if applicable):							

IV. OWNER/OPERATOR INFORMAT	TION .					
A. Type of Ownership:						
Publicly Owned Privately Ow	ned State Owned	Both Public and Pri	vate Owned Federally owned			
B. Operator Contact Information (See ins	tructions)					
Name of Treatment Plant Operator:		Telephone Number:				
Joe Finchum		(270) 887-4298				
Operator Mailing Address (Street):						
Gary Lane Operator Mailing Address (City, State, Zip Code):						
P.O. Box 628 Hopkinsville, Kentucky 42241						
Is the operator also the owner? Is the operator certified? If yes, list certification class and number below.						
Yes No 🛛		Yes ⊠ No				
Certification Class:		Certification Number:				
<u> III </u>		7095				
			<u> </u>			
V. EXISTING ENVIRONMENTAL PE						
Current NPDES Number:	Issue Date of Current Per	mit:	Expiration Date of Current Permit:			
KY0066532	01/01/1999		12/31/2003			
Number of Times Permit Reissued:	Date of Original Permit Is	ssuance:	Sludge Disposal Permit Number:			
3	11/01/1980	1 1 - (-)	 			
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permi	t Number(s):				
C. Which of the following additional environment	ronmental permit/registr	ation categories will a	lso apply to this facility?			
			PERMIT NEEDED WITH			
CATEGORY	EXISTING PEI	RMIT WITH NO.	PLANNED APPLICATION DATE			
Air Emission Source						
Solid or Special Waste	054-00050					
Hazardous Waste - Registration or Permit						
<u> </u>						
VI. DISCHARGE MONITORING RE	PORTS (DMRs)					
		vision of Water on a	regular schedule (as defined by the KPDES			
			fice or individual you designate as responsible			
for submitting DMR forms to the Division		,	,			

A. Name of department, office or official s	submitting DMRs:	Hopkinsville Water Environment Authority				
***************************************		<u> </u>				
B. Address where DMR forms are to be se	nt. (Complete only if ad	dress is different from	mailing address in Section I.)			
DMR Mailing Name:	Jenny Moss					
DMR Mailing Street:	P.O. Box 628					
DMR Mailing City, State, Zip Code: Hopkinsville, Kentucky 42241						
DMR Official Telephone Number:	(270) 887-4147					

VII	A DDI	TCA	TION	T. I	INC	TOTAL BY
VII.	APPL	JR A		ru	48 / THE T	PP.P.

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

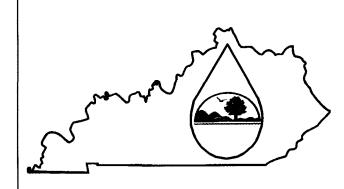
Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due)	\$ 0.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE NUMBER (area code and number):
(270) 887-4240
DATE:
,
June 30, 2003
_

KPDES FORM A



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2003 JUL -7 P 1: 00

PERMIT APPLICATION

RECEIVED BY KPDES BRANCH

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch (502) 564-3410.

I. FACILITY DESCRIPTION	AGENCY USE								
L PACIFITY DESCRIPTION	10012	<u> </u>							
A. Name of Facility Where Discharge Will Occur: Hammond Wood Wastewater Treatment Plant		Owner of Facility: Hopkinsville Wate	Owner of Facility: Hopkinsville Water Environment Authority						
Location - Number and Street or Other Identifier: Gary Lane		County: Christian							
City: Hopkinsville, Kentucky	4.100%								
B. Indicate if part of your discharge is into a municipal Yes ☐ (Continue) No ☒ (Go to C)	waste transport system u	nder another responsible	organiation.						
Name of organization receiving discharge:									
Address: (Number and Street):		City:							
State:		Zip Code:							
Name of Facility (waste treatment plant) which ultimat	ely receives discharge:								
Give your average daily flow into the receiving facility mgd	in mgd:								
C. Discharge (See instructions)									
Discharge To	Number of	Discharge Points	Total Volume Discharged (mgd)						
Surface Water	1		6.0 MGD (Design)						
Surface Impoundment With No Effluent									
Underground Percolation									
Well (Injection)									
Other (Describe):									
D. Intermittent discharges (see instruc	tions)								
Number of Bypass Points:	Overflow Points:		Number of Seasonal Discharge Points:						
0	0		0						

FACILITY DESCRIPTION (Continued)

Collection System Type: Sanitary F. Municipalities or Area Served (See instructions) NAME ACTUAL POPULATION SERVED Hopkinsville 22,800 Design 700 (estimate) Total population served: Total setimated average daily waste flow from all industrial sources: 1.20 MGD G. Maps and drawings (See instructions - Figure A and B) H. Additional information (Attach additional sheets if needed) F. Massic Discharge Serial Number: Discharge Name (if any) B. Discharge Serial Number: (if any) B. Discharge Serial Number (if any) B. Discharge Operating Dates: Beginning Date (symm) If facility is scheduled to discontinue within the next five years give end date (year/month) and reason for discontinuing discharge:	E. Indicate the type and length (in feet) of the collection system used by this facility	. (See instructions)					
Pembroke ACTUAL POPULATION SERVED							
Hopkinsville Pembroke Total population served: Total estimated average daily waste flow from all industrial sources: 1.20 MGD G. Maps and drawings (See instructions - Figure A and B) H. Additional information (Attach additional sheets if needed) H. Additional information (Extractional Sheets if needed) H. Additional information (Discharge Name (if any))							
Pembroke Total population served: Total estimated average daily waste flow from all industrial sources: 1.20 MGD G. Maps and drawings (See instructions - Figure A and B) H. Additional information (Attach additional sheets if needed) II. BASIC DISCHARGE DESCRIPTION A Discharge Serial Number: OI Previous Discharge Serial Number (if any) B. Discharge Operating Dates: Beginning Date (yy/mu) If facility is scheduled to discontinue within the next five years give end date (year/month) and reason for discontinuing discharge: C. Specify type of discharge point (See instructions) Surface Water		ACTUAL POPULATION SERVED					
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Total estimated average daily waste flow from all industrial sources: 1.20 MGD G. Maps and drawings (See instructions - Figure A and B) H. Additional information (Attach additional sheets if needed) II. BASIC DISCHARGE DESCRIPTION A. Discharge Serial Number: 01 Previous Discharge Serial Number (if any) B. Discharge Operating Dates: Beginning Date (yy/mm) If facility is scheduled to discontinue within the next five years give end date (year/month) and reason for discontinuing discharge: C. Specify type of discharge point (See instructions) Surface Water	Pembroke	700 (estimate)					
Total estimated average daily waste flow from all industrial sources: 1.20 MGD G. Maps and drawings (See instructions - Figure A and B) H. Additional information (Attach additional sheets if needed) II. BASIC DISCHARGE DESCRIPTION A. Discharge Serial Number: 01 Previous Discharge Serial Number (if any) B. Discharge Operating Dates: Beginning Date (yy/mm) If facility is scheduled to discontinue within the next five years give end date (year/month) and reason for discontinuing discharge: C. Specify type of discharge point (See instructions) Surface Water							
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H. Additional information (Attach additional sheets if needed) II. BASIC DISCHARGE DESCRIPTION	Total estimated average daily waste flow from all industrial source	s: 1.20 MGD					
H. Additional information (Attach additional sheets if needed) II. BASIC DISCHARGE DESCRIPTION	G. Maps and drawings (See instructions - Figure A and B)						
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If facility is scheduled to discontinue within the next five years give end date (year/month) and reason for discontinuing discharge: C. Specify type of discharge point (See instructions) Surface Water							
C. Specify type of discharge point (See instructions) Surface Water		month) and reason for discontinuing discharge:					
Surface Water	(James)	<u> </u>					
D. Latitude and longitude of discharge point	D. Latitude and longitude of discharge point						
Latitude (degrees/minutes/seconds): Longitude (degrees/minutes/seconds):	Latitude (degrees/minutes/seconds):						
36d 48' 14" 87d 30' 54" E. Name the waterway at the point of discharge (See instructions): North Fork of the Little River	E. Name the waterway at the point of discharge (See instructions):	דכ טכנונס					

II. BASIC DISCHARGE DESCRIPTION	N (continued)						
Complete Items F, G, or H as applicable:	Not applicable						
F. If discharge is from a bypass point:	WET WI	EATHER	DRY WEATHER				
Check when bypass occurs:							
Give the number of bypass incidents		per year	per year				
Give the average duration of bypass		hours	hours				
Give the average volume per incident		1,000 gallons	1,000 gallons				
Give reasons why bypass occurs:							
G. If discharge is from an overflow point:	WET WI	EATHER	DRY WEATHER				
Check when overflow occurs	WE1 W.		П				
Give the number of overflow incidents:	<u>-</u>	per year	per year				
Give average duration of overflow:		hours	hours				
		1,000 gallons	1,000 gallons				
Give average volume per incident 1,000 gallons 1,000 gallons H. If discharge is intermittent from a holding pond, lagoon, etc: Not applicable							
Give the number of times this discharge occurs per year	ır:						
Give the average volume per discharge occurrence:			(1,000 gallons)				
Give the average duration of each discharge:			(days)				
List month(s) when the discharge occurs:							
I. Describe treatment units which app Screening, grit removal, oxidation ditch, primary clarifi	oly to this discharge:	n, ultra violet disinfection, p	ost aeration and flow measurement				
		10 M T					
Using the codes listed in Table I of the ins Table)	structions, describe in o	order of occurrence the	e treatment units applied (see example with				
S, G, APO/C, N, P, ASS, M							
A STATE OF THE STA							
Describe the sludge handling and disposal m	ethods. (Please indicate	e disposal site.)					
Sludge thickening, aerobic digestion, belt fil	ter press - hauled off to	composting facility					
		14 14 14 14					
J. Check if the following are currently	y available:						
⊠ Engineering Design Renor	1 🛛	Operation and Ma	intenance Manual				

II. BASIC DISCHARGE DESCRIPTION (continued)

K. Plant design data	
Plant design flow:	6.00 mgd
Plant design 5-day BOD removal:	93 %
Plant design N removal:	86 %
Plant design P removal:	%
Plant design SS removal:	91 %
Plant began operation:	1983 (year)
Plant last major revision:	1994 (year)

K. Description of influent and effluent (see instructions)

K. Description of influent and	INFLUENT EFFLUENT						
	INFLUENT	ļ	г		UENI		· · · · · · · · · · · · · · · · · · ·
PARAMETER AND CODE	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
50050 Flow							
Million gallons per day	2.885	2.819	1.902	4.143	Cont.	365	N/A
00400 pH Units			7.2	8.2	3/7	156	Grab
74028 Temperature (winter) °F							
74027 Temperature (summer) °F							
75054 Fecal Streptococci Bacteria Number/100 ml							
(Provide if available) 74055 Fecal Coliform			 	 			
74055 Fecal Coliform Bacteria		j					
Number/100 ml						1.50	
(Provide if available)				53.7	3/7	156	Grab
74056 Total Coliform Bacteria							
Number/100 ml (Provide if available)							
00310 BOD							
mg/l	167	1.5	0.7	3.5	3/7	156	24 hr
00340 Chemical Oxygen Demand (COD)							
mg/l (Provide if available) OR							
00685 Total Organic			1				
Carbon (TOC) mg/l (Provide if available)	1						
50060 Chlorine - Total					 	 	
Residual							
mg/l			ļ	ļ	<u> </u>		
00500 Total Solids							
mg/l			L				
70300 Total Dissolved Solids							
mg/l			<u></u>			1	
00530 Total Suspended	1	l		1	1	1	1
Solids	152	2.4	1.3	4.8	3/7	156	24 hr
mg/l		<u> </u>	<u> </u>	.L			<u> </u>

II.L. BASIC DISCHARGE DESCRIPTION Description of influent and effluent (continued)

	, it, it,	INFLUENT	FLUENT EFFLUENT					
PARAMETER AND CODE		Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
00545	Settleable Matter (Residue) ml/l							
00610 mg/l	Ammonia (asN)*	13.9	0.26	0.1	1.0	3/7	156	24 hr
00625 mg/l	Kjeldahl Nitrogen*							
00615 mg/l	Nitrite (as N)*							
00620 mg/l	Nitrate (as N)*							
00665 mg/l	Phosphorus Total (as P)*							
00300 mg/l	Dissolved Oxygen (DO)		8.7	7.2	10.2	3/7	156	Grab
01092 mg/l	Zinc - Total	0.122	0.075	0.023	0.120	Quarterly	4	24 hr
00940 mg/l	Chloride						:	
mg/l	Total (as CaCO ₃)		171	158	180	Quarterly	4	24 hr

^{*} Provide if available

M. Additional wastewater characteristics (Check box next to each parameter if it is present in the effluent.)

TVI.	PARAMETER	PARAMETER		PARAMETER		
	(215)		(215)		(215)	
	Bromide	_	Cobalt]	Thallium	
	71870		01037		01059	
١,,	Cyanide		Chromium	_	Titanium	
	00720		01034		01152	
l –	Fluoride	⊠	Copper 01042		Tin 01102	
	00951		Iron		Algicides*	
	Sulfide 00745	Ø	01045		74051	
🖰	Aluminum		Lead		Chlorinated organic compounds*	
	01105		01051		74052	
-	Antimony		Manganese		Oil and grease	
	01097		01055		00550	
1 1	Arsenic		Mercury		Pesticides*	
	01002		71900		00550	
	Beryllium		Molybdenum		Phenols	
	01012		01062		32730	
	Barium		Nickel		Surfactants	
	01007	×	01067		38260	
	Boron		Selenium		Radioactivity*	
	10122		01147		74050	
1_	Cadmium		Silver			
	01027	×	01077			

^{*} Provide specific compound and/or element in Part O of this application, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

II. BASIC DISCHARGE DESCRIPTION	ON (Continued)					
N. Is there an alternative power sour		ping facili	ty including	g those for colle	ction system l	ift stations?
⊠ Yes □	No					
Is there an alarm for power or equ	nipment failure?	\boxtimes	Yes		No	
O. Additional information:						
O. Auditional information.						
						
					<u> </u>	
	4.11					
III. SCHEDULED IMPROVEMENTS	AND SCHEDUL	ES OF I	MPLEME	NTATION (See	Instructions)
A. Improvements required: 1. List the discharge serial numbers, assi	gned in Item II, th	nat are cov	ered by this	s implementatio	n schedule.	
 List the authority or authorities which Specify the 3-character code from Taimplementation schedule. Also list abatement practices that the implementation in the implementation is abatement practice. 	able II, General A	Action De Action, 3	scription, th	nat best describ	es the improvescribe in mo	rements required by the ore detail the pollution
General Action Description						
Specific Action Description(s)						
		l				
B. Provide dates imposed by schedul		pletion dat heduled Cor		ementation step		Completion
imponioni stop		Year/Month				Month/Day)
Preliminary plan completion						
Final plan completion						
Financing complete and contract award						
Site acquisition						
Start of construction						
End of Construction						
Start of discharge						
Attainment of operational level						

IV. INDUSTI	RIAL WASTE C	ONTRIBUTIO	N TO MUNICIP	AL SYSTEM (S	ee Instructions)		
A. Name of Major	r Contributing Facility	r:					
Amfine Chemical	Company			****			
Number and Street 6805 John Rivers I							
City, State, Zip Co							
Pembroke, Kentuc	ky 42266				·····		
County: Christian							
1	andard Industrial	Classification Co	de:				
2869						· · · · · · · · · · · · · · · · · · ·	
C. Principal pr	oduct or raw mat	erial (see instruct	tions).				
				Ons	ntity	Units (See	Table III)
	Product	Bulk Organic (Chemicals	Confidential		02100 (000	14010 111)
	Raw Material						
Organic Chemi	on of production pical Manufacturin	g					
D. Indicate volum	e of water discharged	into the municipal sy		allons per day)			
Is discharge:	☐ Continuous	⊠ Iı	ntermittent				
E. Is pretreatment	provided prior to ente						
	⊠ Yes		No		··		
F. Characterist	tics of wastewater	· (see instructions	3).				
Parameter Name	pH	BOD	TSS	CU	FE	NI	
Parameter Number	00400	00310	00530	01042	01045	01067	
Value	7.70	63.0	94.0	0.026	15.00	0.021	
Parameter Name							
Parameter Number							
Volue							

IV. INDUSTI	RIAL WASTE C	ONTRIBUTION	TO MUNICIP	AL SYSTEM (S	ee Instructions)					
A. Name of Major United States Smo	Contributing Facility keless Tobacco Manu	: facturing Limited Part	tnership							
Number and Street 1600 North Main S										
City, State, Zip Co Hopkinsville, Kent										
County: Christian										
B. Primary Sta 2141, 2131	andard Industrial (Classification Coo	de:							
C. Principal pr	oduct or raw mate	erial (see instructi	ions).							
				Qua	antity	Units (See	Table III)			
	Product	Smokeless Tob	acco	Confidential						
	Raw Material	Tobacco								
	on of production p acco Manufacturi									
D. Indicate volum	e of water discharged	into the municipal sys	stem: 60.000 (g	allons per day)						
Is discharge:	☑ Continuous	∏ In	termittent							
E. Is pretreatment	provided prior to ente	ring the municipal sys	stem?							
	⊠ Yes	<u> </u>	lo	····						
F. Characterist	tics of wastewater	(see instructions).							
Parameter Name	рН	BOD	TSS	NH3N	Oil & Grease					
Parameter Number	00400	00310	00530	00610	00550					
Value	7.23	136.42	10.66	12.88	11.00					
Parameter Name										
Parameter Number										
Value										

						<u>, , , , , , , , , , , , , , , , , , , </u>	
IV. INDUSTRIAL	WASTE C	ONTRIBUTION	ON TO MUNI	CIPAL SYSTEM	M (See Instructions)		
A Name of Maior Contail	F:lik.			· · · · · · · · · · · · · · · · · · ·			
A. Name of Major Contrib Ebonite International, Inc.	uting Facility	:					
Number and Street:							
1813 West 7 th Street City, State, Zip Code:		· · · · · · · · · · · · · · · · · · ·					
Hopkinsville, Kentucky 42	240						
County: Christian							
B. Primary Standard 3949, 4452	Industrial (Classification (Code:			"	
C. Principal product	or raw mate	erial (see instru	ıctions).				
					O	II-ita (Caa	Toble III)
	Product	Bowling Bal	le .	Confidenti	Quantity	Units (See	Table III)
	Troduct	Bowling Bui	13	Confident	u 1		
Rav	v Material						
D: 01 14 0	1						
Brief description of p Bowling Ball Manufa		process:					
Downing Dan Manuna	ctui nig						
D. Indicate volume of wat	er discharged	into the municipal	system: 6,000	(gallons per day)			
Is discharge:							
E. Is pretreatment provide	Continuous		Intermittent system?	n			
	Yes		No				
F. Characteristics of	wastewater	(see instruction	me)				
r. Characteristics of	wasicwaici	(see msu detro	113).				
Parameter					211.6		
Name pH Parameter		BOD	TSS	NH3N	Oil & Grease		
Number 0040)	00310	00530	00610	00550		
Value 8.22		578.00	517.60	55.55	46.0		
Parameter Name							
Parameter Number							
Value							

IV. INDUST	RIAL WASTE C	ONTRIBUTIO	ON TO MUNICIPA	<u>AL SYSTEM (S</u>	ee Instructions)		
	r Contributing Facility	:					
Freudenberg Nonv Number and Stree							
2975 Pembroke Re							
City, State, Zip Co							
Hopkinsville, Ken	tucky 42240						
County: Christian							
Christian							
B Primary St	andard Industrial	Classification C	Code:				
2297							
C. Principal n	roduct or raw mat	erial (see instru	ctions).				
о. т. т. т.	104450 01 1400 11140						
				Ous	ntity	Units (See	Table III)
	Product	Nonwoven Fa	abric	Confidential			
	110000	- TON WOVEN TO			<u> </u>		
	Raw Material	Synthetic	fiber, Chemical				
	Naw Material	binders, and a					
		oniders, and t	additi vos		· · · · · · · · · · · · · · · · · · ·		
		L					
Drief descripti	on of production p	M'OGGCC!					
Jeans Manufac		nocess.					
Jeans Manufac	au ng						
D. Indicate volum	ne of water discharged	into the municipal	system.				
D. Indicate voidin	ie of water discharged	into the mumerpar	54,000 (ga	llons per day)			
Is discharge:							
			Intermittent				
E. Is pretreatment	provided prior to ente	ring the municipal	system? No				
	M 163		110				
F Characteric	tics of wastewater	(see instruction	ne)				
r. Characteris	iles of wasiewater	(See misu decion	113).				
Parameter	1	T	<u></u>		I .	I	
Name	pН	BOD	TSS				
Parameter							
Number	00400	00310	00530				1
Value	7.65	13.91	170.125				
Parameter	7.03	13.71	170.123				
Name							
Parameter							
Number							
Value							

IV. INDUST	RIAL WASTE C	ONTRIBUTIO	ON TO MUNIC	CIPAL SYSTEM	1 (See Instruction	s)	
	or Contributing Facility acturing Company	:					
Number and Stree	et:						
City, State, Zip Co							
Hopkinsville, Ker							
County:							
Christian							
B Primary St	andard Industrial (Classification C	Code:				
2328							
C. Principal p	roduct or raw mat	erial (see instru	ctions).				
					Quantity	Units (See	Table III)
	Product	Jeans		Confidentia	al		
	Dan Matarial	Eshais					
	Raw Material	Fabric					
Brief descripti Jeans Manufac	on of production p cturing	rocess:					
D. Indicate volum	ne of water discharged	into the municipal					
Is discharge:	·		24,000	(gallons per day)			
1			Intermittent				
E. Is pretreatmen	t provided prior to ente	ring the municipal	system? No				
	Z ICS		140		H. # **		
F. Characteris	stics of wastewater	(see instruction	ns).				
Parameter Name	pН	NH3N	TSS	BOD	MN		
Parameter Number	00400	00610	00530	00310	01055		
Value Parameter	7.29	6.58	254.42	669.78	34.0	_	
Parameter Name							
Parameter Number							
Value							

IV. INDUST	RIAL WASTE C	ONTRIBUT	TON TO MUNIC	CIPAL SYSTEM	(See Instructions)	<u> </u>	
A Name of Majo	r Contributing Facility	· ·					
Flynn Enterprises,	, Inc.						
Number and Stree 1121 Skyline Driv							
City, State, Zip Co	ode:						
Hopkinsville, Ken County:	itucky 42240						
Christian							
B Primary St.	andard Industrial	Classification	Code:				
2389							
C D: : 1	1 4	:-16					
C. Principal p	roduct or raw mat	eriai (see inst	ructions).				
					Quantity	Units (See	Table III)
	Product	Jeans		Confidentia	1		
	D 34 11	D.1.					
	Raw Material	Fabric					
	on of production p	process:					
Jeans Manufac	cturing						
D. Indicate volum	ne of water discharged	into the municip		00 (gallons per day)			
Is discharge:				(garions per day)			
E Is pretreatment	Continuous provided prior to ente	ring the municip					
L. 15 production	⊠ Yes] No				
F. Characteris	tics of wastewater	(see instructi	ions).				
						4	
Parameter Name	pН	NH3N	TSS	BOD			
Parameter							
Number	00400	00610	00530	00310			
Value	7.04	4.65	101.8	775.0			
Parameter Name							
Parameter							
Number							
Volue	1		I	1		1	1

IV. INDUSTR	IAL WASTE C	ONTRIBUTIO	N TO MUNICI	PAL SYSTEM (S	ee Instructions)				
A. Name of Major Bulkmatic Transpo	Contributing Facility rt Company	•							
Number and Street:									
1800 Frank Yost La		·····							
Hopkinsville, Kent									
County: Christian									
Christian						***************************************			
B. Primary Sta 4231, 7542	ndard Industrial (Classification Co	de:						
C. Principal pr	oduct or raw mate	erial (see instruct	tions).						
				Qua	ntity	Units (See	Table III)		
	Product		-						
	Raw Material								
	n of production p r Washing & Mai								
D. Indicate volume	of water discharged	into the municipal sy		llons per day)		14 d. d.	****		
Is discharge:			0,000 (ga	mons per day)					
	Continuous		ntermittent	<u></u>					
E. Is pretreatment	provided prior to ente		vstem? No						
F. Characterist	ics of wastewater								
Parameter Name	pН	Oil & Grease	TSS	BOD					
Parameter Number	00400	00550	00530	00310					
Value	7.37	4.6	278.00	1347.20					
Parameter Name									
Parameter Number									
Value									

IV. INDUSTI	RIAL WASTE C	ONTRIBUTIO	N TO MUNICI	PAL SYSTEM	(See Instructions	s)			
A. Name of Major Hampton Meats Pr	Contributing Facility occessing Plant	•			1.00				
Number and Street Pembroke Road									
City, State, Zip Co Hopkinsville, Kent									
County: Christian									
						·			
B. Primary Sta 2011	ındard Industrial (Classification Co	ode:						
C. Principal pr	oduct or raw mat	erial (see instruc	tions).						
					Quantity	Units (See	Table III)		
	Product	Processed Mea	nts	Confidentia					
	Raw Material	Livestock							
Brief description of production process:									
D. Indicate volum	e of water discharged	into the municipal sy		allons per day)					
ls discharge:									
E Is pretreatment	Continuous provided prior to ente		ntermittent						
E. 1s preucaunem	Yes		No						
F. Characterist	ics of wastewater	(see instructions	s).						
Parameter Name	рН	Oil & Grease	TSS	NH3N_	BOD				
Parameter Number	00400	00550	00530	00610	00310				
Value	7.92	57.0	240.11	19.04	591.0				
Parameter Name									
Parameter Number									
Value									
							·		

IV. INDUSTI	RIAL WASTE C	ONTRIBUTIO	N TO MUNICI	PAL SYSTEM (S	See Instructions	5)	
A. Name of Major	Contributing Facility	•					
City of Hopkinsvil Number and Street					····		
5665 Mt. Zoar-Lat							
City, State, Zip Co Hopkinsville, Kent							
County:							
Christian							
	ındard Industrial (Classification Co	ode:				
4953							
C. Principal pr	oduct or raw mat	erial (see instruc	tions).				
				Qu	antity	Units (Se	e Table III)
	Product						
	Raw Material						
	Naw Material						
Priof description	on of production p	rooss:					
Leachate Colle		nocess.					
D. Indicate volume	e of water discharged	into the municipal sy	ystem:				
	-			allons per day)			
Is discharge:	☐ Continuous		ntermittent				
E. Is pretreatment	provided prior to ente	ring the municipal sy	ystem? No				
L	LI 165		140				
F. Characterist	tics of wastewater	(see instructions	s).				
Parameter	1	1		T	T		T
Name	рН	PB	TSS	NH3N	FE	BOD	
Parameter Number	00400	01051	00530	00610	01045	00310	
Value	7.82	0.005	112.48	44.21	18.9	191.40	
Parameter							
Name Parameter			+	-			-
Number					<u> </u>		
Volue							

IV. INDUSTI	RIAL WASTE C	ONTRIBUTIO	N TO MUNICI	PAL SYSTEM (See Instruction	ns)	
A. Name of Major	Contributing Facility	:					
Venture, Inc.						· · · · · · · · · · · · · · · · · · ·	
Number and Street 2400 Bradshaw Ro							
City, State, Zip Co	de:		,				
Hopkinsville, Kent County:	шску 42240						
Christian							
B. Primary Sta 3714	andard Industrial (Classification Co	ode:				
C. Principal pr	oduct or raw mat	erial (see instruc	tions).				
				Qı	ıantity	Units (S	See Table III)
	Product	Automotive Fa	acias	Confidential			
	Dam Makadal				 		
	Raw Material						
Plastics Moldin							
D. Indicate volum	e of water discharged	into the municipal sy	ystem: 72,000 (gailons per day)			
Is discharge:				Samono por	***************************************		
E Is pretreatment	Continuous provided prior to ente		ntermittent vstem?				
2. As production	⊠ Yes		No				
	tics of wastewater	(see instruction	s).				
Parameter Name	pH	CR	TSS	CU	FE	NI	BOD
Parameter Number	00400	01027	00530	01042	01045	01067	00310
Value	7.05	0.015	20.6	0.015	3.44	0.005	191.40
Parameter Name							
Parameter							
Number							
Value	<u></u>	<u> </u>	1				

IV. INDUSTRI	AL WASTE C	ONTRIBUTIO	N TO MUNIO	CIPAL SYSTEM (S	See Instructio	ns)	
A. Name of Major C		:					
Meritor Suspension S Number and Street:	system						
102 Bill Bryan Boule City, State, Zip Code		-					
Hopkinsville, Kentuc							
County: Christian							
Christian							
B. Primary Stan	dard Industrial C	Classification Co	de:				
3493							
C. Principal pro	duct or raw mate	erial (see instruct	ions).				
				Ou	antity	Units	(See Table III)
	Product	Torsion Bars		Confidential			
		Stabilizer Bars	,	Confidential			
	Raw Material						
			h				
Brief description Metal Finishing							
D. Indicate volume of	of water discharged	into the municipal sy) (gallons per day)			
Is discharge:	-			(B. III)			
E. Is pretreatment pr	Ovided prior to enter	THE STATE OF THE S	ntermittent stem?				
	⊠ Yes		No				
F. Characteristic	es of wastewater	(see instructions	3).				
Parameter Name	рН	CR	CD	CU	PB	NI	AG
Parameter	00400	01027	01027	01042	01051	01067	01077
	7.74	0.005	0.001	0.031	0.005	0.2155	0.005
Parameter							
Name Parameter	ZN	CN	TSS	Oil & Grease	FE		
	01092	00720	00530	00550	01045		
Value	0.137	0.010	36.5	7.0	0.431		

IV. INDUST	RIAL WASTE C	ONTRIBUTIO	ON TO MUNIC	IPAL SYSTEM (See Instruction	ns)	
A. Name of Majo	r Contributing Facility	:	<u> </u>				
Copar, Inc. Number and Street					LL LAME		
210 Bill Bryan Bo	ulevard						
City, State, Zip Co Hopkinsville, Ken							
County:	lucky 42240						
Christian							
B. Primary Sta 3714	andard Industrial (Classification C	ode:				
C. Principal p	roduct or raw mate	erial (see instru	ctions).				
				Qu	antity	Units	(See Table III)
	Product	Industrial Rad	diators	Confidential			
	Raw Material						,
Metal Finishin			notan:				
D. Indicate volum	ne of water discharged	into the municipal	19,000	(gallons per day)			
Is discharge:			Intermittent				
E. Is pretreatment	provided prior to ente	ring the municipal	system?			44. ***	
F. Characteris	✓ Yes tics of wastewater	(see instruction	No 1s).				
Parameter Name	pН	CR	CD	CU	PB	NI	AG
Parameter							
Number	00400	01027	01027	01042	01051	01067	01077
Value	8.00	0.005	0.001	0.005	0.007	0.005	0.001
Parameter Name	ZN	CN	TSS	Oil & Grease	NH3N		
Parameter	1	}					1
Number	01092	00720	00530	00550	00610		

IV. INDUSTI	RIAL WASTE C	ONTRIBUTIO	N TO MUNICIP	PAL SYSTEM (See Instruction	ns)	
A Name of Major	r Contributing Facility						
Superior Graphite		-					
Number and Street	t:						
City, State, Zip Co							
Hopkinsville, Kentucky 42240							
County:							
Christian		· <u>· · · · · · · · · · · · · · · · · · </u>					
B Primary Sta	andard Industrial	Classification Co	de.				
3295, 2911	andard midusurar v	Classification Co	uc.				
3230,2311					······································		
C. Principal pr	roduct or raw mat	erial (see instruct	tions).				
					antity	Units (See	Table III)
	Product	Carbon Produc	ts	Confidential			
	Raw Material						
				<u> </u>			
Daine donamination							
Petroleum Refi	on of production p	process:					
renoieum ken	ming						
D. Indicate volum	e of water discharged	into the municipal sy		11			
Is discharge:			58000 (ga	illons per day)			
	■ Continuous		ntermittent				
E. Is pretreatment	provided prior to ente						
L	⊠ Yes		No				
F. Characterist	tics of wastewater	(see instructions	s).				
		•	,				
Parameter	T			O.V.	, pp	N T	
Name Parameter	pH	CR	<u> </u>	CU	PB	NI	
Number	00400	01027	<u> </u>	01042	01051	01067	
	0.05	0.005		0.174	0.005	0.041	
Value Parameter	8.05	0.005		0.174	0.003	0.041	
Name	ZN	MN	TSS	Oil & Grease	FE	BOD	
Parameter			00520	00550	01045	00210	
Number	01092	0.1055	00530	00550	01045	00310	
Value	0.062	0.041	34.6	4.0	1.204	46.08	
							

IV. INDUST	RIAL WASTE C	ONTRIBUTIO	N TO MUNICI	PAL SYSTEM (S	See Instructions)	
A. Name of Majo	or Contributing Facility opkinsville (Formerly	r: The Rudd Company)					
Number and Street		The Budd Company)					
1500 Frank Yost							
City, State, Zip C Hopkinsville, Ker							
County:							
Christian							
B. Primary St	tandard Industrial	Classification Co	de:				
3465							
C Principal r	product or raw mat	erial (see instruct	tions)				
C. Trincipai p	noduci or raw mai	ci iai (see iiisii uci	nons).				
					antity	Units (Se	ee Table III)
	Product	E-coated Parts		Confidential			
	D 34 11						
	Raw Material			 			
Brief descripti	ion of production p	process:					
Automotive S	tamping & Assem	blies					
D. Indicate volum	ne of water discharged	into the municipal sy	/stem:				
				allons per day)			
Is discharge:			ntermittent				
E. Is pretreatmen	t provided prior to ente						
	⊠ Yes		No			· · · · · · · · · · · · · · · · · · ·	
F. Characteris	stics of wastewater	(see instructions	s).				
Down stan		T .	1	<u></u>	1		
Parameter Name	pН	CR	CD	cu	PB	NI	AG
Parameter Number	00400	01027	01034	01042	01051	01067	01077
							0.001
Value Parameter	8.24	0.005	0.005	0.009	0.005	0.113	0.001
Name	ZN	CN	TSS	Oil & Grease	FE	BOD	NH3N
Parameter Number	01092	00720	00530	00550	01045	00310	00610
Value	0.049	0.000	44.3	17.00	0.319	132.00	0.732

IV. INDUSTI	RIAL WASTE C	ONTRIBUTION	N TO MUNICIP	AL SYSTEM (S	See Instructions)	
<u> </u>	0 1 1 5 5						
A. Name of Major Dana Corporation	Contributing Facility	:					
Number and Street			<u></u>				
301 Bill Bryan Bou							
	City, State, Zip Code: Hopkinsville, Kentucky 42240						
County:							
Christian							
D. Drimore, Sta	undoud Industrial	Classification Co.					<u></u>
2714	ındard Industrial	Classification Co	ue.				
2/14		····					
C. Principal pr	oduct or raw mat	erial (see instruct	ions).				
F F-			,				
				Qu	antity	Units (Se	e Table III)
	Product	Saturn, Merced	les Frames	Confidential			
	Raw Material						
				<u> </u>			
Duiof documentic	on of production p	ma a a a a a					
	g, Metal Forming						
Wictai i iilisiiiiig	z, ivicui i orining						
D. Indicate volume	e of water discharged	into the municipal sy		11 dou')			
Is discharge:	***************************************		30000 (ga	llons per day)			
			termittent				
E. Is pretreatment	provided prior to ente	ring the municipal sy	stem? No				
	∠ Ies	<u></u> _ <u>LJi</u>	<u> </u>				
F. Characterist	ics of wastewater	(see instructions).				
Parameter	_17	CD	CD	CU	PB	NI	AG
Name Parameter	pH	CR	CD		rb	INI	AG
Number	00400	01027	01034	01042	01051	01067	01077
Value	8.355	0.001	0.011	0.021	0.005	0.232	0.001
Parameter	6.555	0.001	0.011	0.021	0.003	0.232	0.001
Name	ZN	CN	TSS	Oil & Grease			
Parameter Number	01092	00720	00530	00550			
Number	01072	00720	0030	00330			
Value	0.024	0.001	56.8	30.00	<u></u>		<u> </u>

IV. INDUST	RIAL WASTE C	ONTRIBUTIO	ON TO MUNI	CIPAL SYSTEM (See Instruction	ons)	
A. Name of Maio	or Contributing Facility	·:					
Superior Graphite	Company (II)				·		
Number and Street 4059 Calvin Drive							
City, State, Zip Co	ode:						
Hopkinsville, Ker County:	itucky 42240						
Christian			· ····				
D Drimary St	andard Industrial	Classification ('ode:				
3295, 2911	andard muusurar v	Classification	ode.				
C. Principal p	product or raw mat	erial (see instru	ctions).				
				0	ıantity	Unite (See Table III)
	Product	Silicon Carbi	de	Confidential	шину	Ollies (See Table III)
	110000	Sincon care.			1. 1. 5. 1. 11. 11. 11. 11. 11.		
	Raw Material						
Drief descripti	on of production p	aroogee:					
Petroleum Ref		or occss.					
	3						
D Indicate volum	ne of water discharged	into the municipal	system:				
			12000	(gallons per day)			
Is discharge:			Intermittent				
E. Is pretreatmen	t provided prior to ente						
	⊠ Yes		No				
F. Characteris	stics of wastewater	(see instruction	ns).				
Parameter		<u> </u>	<u>1</u>	<u> </u>			·····
Name	рН	CR		CU	PB	NI	
Parameter Number	00400	01027		01042	01051	01067	
				0.072	0.005	0.021	
Value Parameter	7.99	0.024		0.062	0.005	0.021	
Name	ZN	MM	TSS	Oil & Grease	FE	BOD	
Parameter Number	01092	01055	00530	00550	01045	00310	
Value	0.028	0.021	34.66	3.6	2.508	36.2	

IV. INDUST	RIAL WASTE C	ONTRIBUT	ION TO MUNIC	HALSISIE	vi (See Instruction	, is j	
	or Contributing Facility						- "
Emhart Fastening Number and Stree							
1915 Pembroke R	Road						
City, State, Zip C Hopkinsville, Ker							
County:	intucky 42240						
Christian							
Drimary St	tandard Industrial (Tassification	Code:				
3. 11mmary 50 3452	tandard midusu iai (Classification	Couc.				
							
C. Principal p	product or raw mate	erial (see inst	ructions).				
				r	Quantity	Unite	(See Table III)
	Product	Pop Rivets		Confidenti		Units	(See Table III)
	Troduct	T op Idvots		Communic			
	Raw Material	Copper, St	el, Aluminum				
		Copper, Steel, Maniman					
	ion of production p g	process:		1			
Metal Formin			al system:	(gallons per day)			
Metal Formin	g ne of water discharged	into the municip	76500	(gallons per day)			
O. Indicate voluments discharge:	me of water discharged Continuous	into the municip	76500 Intermittent	(gallons per day)			
O. Indicate voluments discharge:	g ne of water discharged	into the municip	76500 Intermittent	(gallons per day)			
D. Indicate voluments discharge: E. Is pretreatments. F. Characteris	me of water discharged Continuous at provided prior to ente	into the municip	76500 Intermittent al system? No	(gallons per day)			
D. Indicate voluments discharge: E. Is pretreatments. F. Characteris.	me of water discharged Continuous at provided prior to ente Yes stics of wastewater	into the municip	76500 Intermittent al system? No	(gallons per day)	PB	NI	AG
D. Indicate voluments discharge: E. Is pretreatments. Characteris	me of water discharged Continuous at provided prior to ente	into the municip	76500 Intermittent al system? No ions).		PB 01051	NI 01067	AG 01077
Metal Forming D. Indicate volume Is discharge: E. Is pretreatment F. Characteris Parameter Name Parameter Number Value	me of water discharged Continuous t provided prior to ente Yes stics of wastewater	ring the municip	76500 Intermittent al system? No ions).	CU			
D. Indicate volume Is discharge: E. Is pretreatment F. Characteris Parameter Name Parameter Number Value Parameter	me of water discharged Continuous to provided prior to ente Yes stics of wastewater pH 00400 7.65	into the municipring the municipring the municipring the municipring the construct CR 01027	76500 Intermittent al system? No ions). CD 01034 0.008	CU 01042	01051	01067	01077
D. Indicate volume Is discharge: E. Is pretreatment F. Characteris Parameter Name Parameter Number Value Parameter Name Parameter Name Parameter	me of water discharged Continuous at provided prior to ente Yes stics of wastewater pH 00400 7.65 ZN	into the municipute fring the municipute fring the municipute from the contract of the contrac	76500 Intermittent al system? No ions). CD 01034 0.008 TSS	CU 01042	01051	01067	01077
D. Indicate volume Is discharge: E. Is pretreatment F. Characteris Parameter Name Parameter Number Value Parameter Name	me of water discharged Continuous to provided prior to ente Yes stics of wastewater pH 00400 7.65	into the municipring the municipring the municipring the municipring the construct CR 01027	76500 Intermittent al system? No ions). CD 01034 0.008	CU 01042	01051	01067	01077

IV. INDUSTI	RIAL WASTE C	ONTRIBUTIO	N TO MUNICIP	AL SYSTEM (S	See Instructions)		
A. Name of Major	r Contributing Facility	·					
Plymouth Tube Ex Number and Street							
201 Commerce Co							
City, State, Zip Code: Hopkinsville, Kentucky 42240							
County:							
Christian		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		****
B. Primary Sta 3317, 3399, 33	andard Industrial (56	Classification Co	de:				
C. Principal pr	roduct or raw mat	erial (see instruct	tions).				
				Qu	antity	Units (Sec	Table III)
	Product	Iron & Steel Pr	roducts	Confidential			
	D 14 . 1 t						
	Raw Material						
Non-Ferrous M							
D. Indicate volum	e of water discharged	into the municipal sy		allons per day)			
Is discharge:	П С	N 1-		<u> </u>			
E. Is pretreatment	Continuous provided prior to ente	ring the municipal sy					
	⊠ Yes		No				
F. Characterist	tics of wastewater	(see instructions	3).				
Parameter Name	pН	CR	FE	PB	Ni	Zn	Cn
Parameter Number	00400	01034	01045	01051	01367	01092	00720
Value	9.34	0.023	0.115	0.007	0.092	0.010	0.010
Parameter Name	NH3N						
Parameter Number	00610						
Value	5.58						
L	1	<u> </u>	<u> </u>				

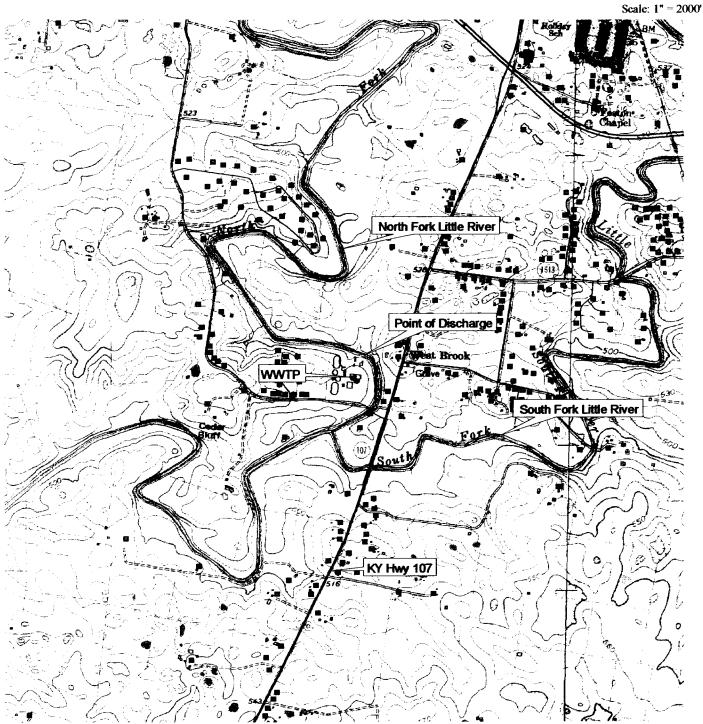
. Name of Major Co letokote Corporation	ontributing Facility:	:					
umber and Street:	1 - 1 lant 02						
00 Mitsubishi Lane							
ity, State, Zip Code: opkinsville, Kentuck							
ounty:				***************************************			
hristian				The second section of the section of the second section of the section of the second section of the secti			
. Primary Stand	dard Industrial (Classification	Code:				
479	aara maasa ar c	Jiussiii Cution	- CO uc .				
. Principal prod	luct or raw mate	erial (see inst	ructions).		·		
				Qua	entity	Units	(See Table III)
	Product			Confidential			
		Powder Co	ated Parts	Confidential			
	Raw Material						
	of production p	rocess:					
letal Finishing							
letal Finishing				O (gallons per day)			
letal Finishing	f water discharged i	into the municip	28,000	O (gallons per day)			
letal Finishing Indicate volume of Is discharge:	f water discharged i	into the municip	28,000	0 (gallons per day)			
fletal Finishing Indicate volume of	f water discharged i	into the municip	28,000 Intermittent	0 (gallons per day)			
Indicate volume of Is discharge: Is pretreatment pro	f water discharged i Continuous ovided prior to enter Yes	into the municip Ering the municip C	28,000 Intermittent al system? No	0 (gallons per day)			
Indicate volume of Is discharge: Is pretreatment pro Characteristics Parameter Name	f water discharged i Continuous ovided prior to enter Yes	into the municip Ering the municip C	28,000 Intermittent al system? No	0 (gallons per day) CR	PB	NI	AG
Indicate volume of Is discharge: Is pretreatment pro Characteristics Parameter Name Parameter	Continuous ovided prior to enter Yes s of wastewater	into the municip Exing the municip (see instruct	28,000 Intermittent al system? No ions).		PB 01051	NI 01067	AG 01077
Indicate volume of Is discharge: Is pretreatment pro Characteristics Parameter Name Parameter Number 0	Continuous Divided prior to enter Yes S of wastewater	into the municip Fing the municip Contact of the	28,000 3 Intermittent al system? No Cons).	CR			
Indicate volume of Is discharge: Is pretreatment pro Characteristics Parameter Name Parameter Number 0 Value 8 Parameter	Continuous ovided prior to enter Yes s of wastewater pH 00400	into the municip	28,000 Intermittent al system? No No CU 01034	CR 01042	01051	01067	01077
Indicate volume of Is discharge: Is pretreatment pro Characteristics Parameter Name Parameter Number 0 Value 8 Parameter Name Parameter Number 2 Parameter Name 2 Parameter	Continuous ovided prior to enter Yes S of wastewater PH 00400 8.956	(see instruct	28,000 3 Intermittent al system? No CU 01034 0.022	CR 01042 0.010	01051	01067	01077

DV INDUSTE	PIAL WASTE C	ONTRIBUTION	V TO MUNICIP	AL SYSTEM (Se	a Instructions)		
IV. INDUSTR	dal waste c	ONTRIBUTIO	1 TO MUNICH	AL SISTEM (S	æ msti uctions)	· · · · · · · · · · · · · · · · · · ·	
A. Name of Major	Contributing Facility	:					
Wal-Mart RDC # 6	066		<u></u>			 	
Number and Street: Eart Compbell Boulevard							
Fort Campbell Boulevard City, State, Zip Code:							
Hopkinsville, Kentucky 42240							
County:							
Christian							
B Primary Sta	ndard Industrial (Classification Co.	de				
49311	ildard illdustriai v	Classification Co	uc.				
47311		······································					
C. Principal pr	oduct or raw mate	erial (see instruct	ions).				
			,				
				Qua	ntity	Units (See	Table III)
	Product						
	Raw Material						
	n of production p	rocess:					
Truck Washing	Facility						
D. Indicate volume	of water discharged	into the municipal sy		illons per day)			
Is discharge:			30,000 (ga	mons per day)			
	■ Continuous		termittent				<u></u> .
E. Is pretreatment	provided prior to ente						
	✓ Yes	1	No				
F Characterist	ics of wastewater	(see instructions)				
1. Characterist	ies of wastewater	(See Histiactions	<i>)</i> •				
Parameter	T			T			
Name	pН	Oil & Grease	BOD	TSS			
Parameter Number	00400	00550	00310	00			
TAUMOCI	00400	00330	00310	100			
Value	7.58	60	146	65.00			
Parameter							
Name Parameter	<u> </u>		 	<u> </u>			<u> </u>
Parameter Number			1	1			
			l	· · · · · · · · · · · · · · · · · · ·			

V. PRETREATMENT AND LOCAL LIMITS	
1. Pretreatment Program. Does this facility have an approved pretreatment program	m?
Yes (complete item 2 - 4) No (go to Section VI)	
2. Is this facility required to establish local limits? ☐ No	
X Yes	
4. Has a technical evaluation of the need to revise this facility's local limits been of	completed?
☐ Yes	
If yes, attach a copy of the evaluation)	
If no, a copy of the evaluation must be submitted within ninety (90) days o	f the effective date of your permit.
VI. BIOLOGICAL TEST DATA (BIOMONITORING)	
Does the current KPDES permit require biological testing and reporting?	
☐ Yes ☐ No (Complete Item 2)	
2. Has biological testing been performed on the POTW effluent? ☐ No	
If yes, attach a copy of results and lab sheets.	
11 yes, attach a copy of results and tab shoots.	
(Note: POTWs with flows greater than or equal to 1.0 MGD or POTWs with	an approved pretreatment program which receive industrial waste must submit
biomonitoring results before the application is deemed complete.)	
VII. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepare	d under my direction or supervision in accordance with a system designed to assure
that qualified personnel properly gather and evaluate the information submitted.	Based on my inquiry of the person or persons who manage the system, or those
persons directly responsible for gathering the information, the information submit	ted is, to the best of my knowledge and belief, true, accurate, and complete. I am
aware that there are significant penalties for submitting false information, including	the possibility of fine and imprisonment for knowing violations.
NAME AND OFFICIAL PRINT FOR BY A	I NVOVENO (A C-1IN
NAME AND OFFICIAL TITLE (Type or Print)	PHONE NO. (Area Code and Number)
Y 11 0 114	
Len Hale, General Manager	(270) 887-4240
SIGNATURE /	DATE
/) ,/	
1 (X. A.A./.	June 30, 2003
L MAN MAN	Julie 30, 2000

Exhibit A Hammond Wood Wastewater Treatment Plant Hopkinsville Water Environment Authority 25 June 2003





Legend:

Transportation	CL [050103]
·	STATE HWY AGENCY
	COUNTY HWY AGENCY
	MUNICIPAL HWY AGENCY
	MILITARY RESERVATION
	PRIVATE
	STATE PARK
	E 911 Point [060103]
	Structure
	Hydrographic Centerline
	Hydrographic Boundary
	Christian County

HWEA Archieve Data: Project: master.apr View: christian county Layout: 062503 usgs at h_wood



May 11, 2003

Mrs. Jenny Moss HWEA P.O. Box 628 Hopkinsville, KY 42241

Dear Mrs. Moss:

The report of the results of the chronic definitive toxicity test conducted on the Hammond Wood final effluent composite samples collected from May 27 to June 2, 2003, is presented in Appendix A. The test organism was *Ceriodaphnia dubia*.

There were no significant effects on *C. dubia* survival or reproduction. The data yielded a No Observed Effect Concentration (NOEC) of 100 percent and a Lowest Observed Effect Concentration (LOEC) of >100 percent. The IC25 was estimated as >100 percent. The chronic Toxicity Unit was estimated as 1.00 TUc (permit limit is 1.06 TUc).

If you have any questions, please contact me at (615) 345-1115.

Sincerely,

ELAB

Herbie M. Johnson III

Group Leader

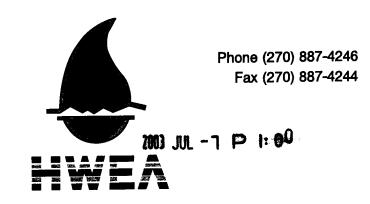
Aquatic Toxicology Laboratory

Enclosures

Hopkinsville Water Environment Authority

401 East 9th Street · P.O. Box 628 · Hopkinsville, Kentucky 42241-0628

Len F. Hale General Manager



June 30, 2003

RECEIVED BY KPDES BRANCH

Mr. Courtney Seitz, Inventory and Data Management Section KPDES Branch Division of Water 14 Reilly Road Frankfort, Kentucky 40601

Subject:

KPDES#

KY0066532

Hopkinsville Hammond Wood WWTP

Christian County, Kentucky

Mr. Seitz,

Please find enclosed two copies of the Hammond Wood Wastewater Treatment Plant's KPDES permit application.

Should you have any questions or require any additional information, please contact our office at (270) 887-4147.

Sincerely

Ljen Hale

General Manager

Jkm

Enclosure – KPDES Permit Application